PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004								10/55/95/				
		CLAIMS A	AS FILED (Colum		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL		
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL EN	r. = \$ 150	LARC	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT (4) = \$56			her situations = 100 / \$ 200		EXAM FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = ALL other of \$ 200 /	untries =		her situations = · 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =		·	/50=		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			22 minus 20 =		• 2			X \$ 25 =		OR	X \$ 50 =	100
INDEPENDENT CLAIMS			2 '	ninus 3 =				X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A	98/02	REMAINING AFTER AMENDMENT	·	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	-2	0	= W		X \$ 25 =		OR	X \$ 50 =	100
	independent	2	Minus	*** 2	3	-		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						`
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= .		X \$ 25 =		OR	X \$ 50 =	•
	Independent	•	Minus ·	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADOIT. FEE		OR	TOTAL ADDIT. FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20", """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
		mber Previously Paid mber Previously Paid					in the	appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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